

## An American Board of General Practice for Family Physicians

AT THE DIRECTION of the Academy's Congress of Delegates and the AMA's Section on General Practice, joint meetings have been held to determine whether or not a board of general practice is feasible.

This interim statement has been prepared by the Academy's Executive Committee and the Executive Committee of the AMA Section on General Practice to present data assembled by and jointly discussed by the two committees during meetings in 1961 and 1962. It includes only significant points of information with brief comments and occasional references essential for clarity. A detailed compilation of informational material covering (1) historical background; (2) arguments for; (3) arguments against, and (4) the American Board of General Practice, Inc., is available to all physicians interested in the issue.

### *Historical Highlights*

The question of whether the creation of an American board of general practice would improve the quality of medical practice engaged in by family physicians—as well as add dignity and status to the family physician—is not new.

At the June, 1941, AMA meeting, a resolution was introduced in the House of Delegates urging the creation of such a board. This resolution was rejected on the ground that whenever a doctor of medicine passes a state or national board examination, he is auto-



*In June, 1941, the AMA rejected a resolution urging that a board of general practice be created. Hinting that such a board would serve no useful purpose, the reference committee asked: "After all, is not a good general practitioner the greatest thing in the world anyway?"*

matically certified for general practice. The reference committee's statement continued, "From there on . . . recognition must come from the . . . place he makes for himself in the hearts of his loyal patients and in his community . . . After all, is not a good general practitioner the grandest thing in the world anyway?" From 1941 to 1957, there was little activity on this issue.

In 1957, the issue was discussed thoroughly once again by the executive committees of the Academy and the section, the two parent bodies required as sponsors for such a board by the Advisory Board for Medical Specialties and the AMA's Council on Medical Education and Hospitals, the two groups concerned with officially recognizing medical specialty boards.

As a result of the meeting, the Academy's MUSE Committee presented in its 1958 re-

port to the Congress of Delegates a resolution which was adopted unanimously by the committee and approved by the Academy Board of Directors at its February, 1958, meeting. This resolution contained seven "Whereas" statements and this final resolve: "Resolved, That the American Academy of General Practice, in cooperation with the Section on General Practice of the American Medical Association, should proceed with all deliberate speed toward the creation of a board of general medicine and its approval by the Advisory Board of Medical Specialties and the Council on Medical Education and Hospitals of the AMA." However, the Congress of Delegates rejected this recommendation and referred it back to the committee for study.

At the June, 1958, annual business meeting of the AMA Section on General Practice, a resolution was similarly introduced and adopted by the section, instructing section officers to proceed with all deliberate speed toward the creation of a board of general practice. *By this action, one of the sponsoring groups officially approved the creation of a board of general practice for family physicians.*

In August, 1958, a joint committee of the Academy and the AMA Section on General Practice "was formed to consider the feasibility of establishing an examining board that would evaluate the competence of family physicians for the future." In April, 1959, the committee's progress report was accepted for information only by the Academy's Congress of Delegates.

On January 22, 1960, in accordance with instructions adopted by the Section on General Practice at its June, 1958, meeting, 10 family physicians, engaged in the general practice of medicine and acting independently of section or Academy designation, received articles of incorporation establishing a non-profit organization known as the American

Board of General Practice, Inc. Each of the members of the founding group held membership in both the section and the Academy. Each was a highly qualified, active and respected member of the medical profession. No effective steps toward consummation of a certifying board were taken.

This is where the conflict developed, as the incorporation of the American Board of General Practice was not common knowledge to Academy officials. In 1960, the Congress of Delegates voted that no action should be taken to create a board of general practice and no approval be given to a board of general practice. Later in 1960, the AAGP Board of Directors appointed a special committee to work out differences with the founders of the American Board of General Practice.

Since the Academy's 1961 Annual Assembly, the two executive committees have again held four meetings to discuss an American board of general practice for family physicians. Much study, research and consultation by the two groups have produced significant data from which considered judgments can develop.

### *Arguments for a Board*

1. A board would define clearly the area of family practice, showing it to be a distinct segment of medical practice and worthy of recognition as such. Reference: Officially accepted final report of the Committee on Preparation for Family Practice, AMA, dated June, 1959: "Family practice is that aspect of medical care performed by the doctor of medicine who assumes comprehensive and continuing responsibility for the patient and his family, regardless of age."

2. A board would establish standards of graduate training considered minimum for preparing a physician for a "family practice." The training program would eliminate confu-

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sion caused by too many programs, each designed to train future family physicians. The present one-year internship and two-year general practice residency program of the AAGP, and the AMA two-year pilot family practice programs (with a third year added) would serve as the basis for designing a board program. Such a program would better prepare the family physician of the future for his comprehensive practice and offer to the public a better prepared physician than is now possible.

3. A board would permit any doctor of medicine who qualifies for certification as a specialist in family practice an opportunity to apply for certification with a group officially recognized and approved by the AMA—if he so desires. Today, the family physician is the only medical graduate, regardless of his years of graduate and postgraduate training, unable to receive official AMA recognition as a highly qualified man.

4. A board with certified diplomates would erase the present status-caste system now operating within the medical profession and created by the establishment of boards in every other specialty *except* family practice. It would pave the way for eliminating the phrases "first-class" and "second-class" physicians. In the future it is likely that every medical graduate will be required to possess graduate training sufficient to qualify him as an expert in some phase of medical practice.

5. A board would help clarify who is a highly qualified and capable family physician, and what this man does in the way of rendering medical services. At a time when other specialized segments of the profession are claiming to be family physicians, it is most important the family physician not be forced out of his time-honored role.

6. A board would help bring more family physicians back into medical school faculties. We can never hope to motivate and induce medical students to accept the challenge of family prac-



*At a time when other specialized segments of the profession are claiming to be family physicians, it is most important that the true family physician not be forced out of his time-honored role.*

tice as a way of life, regardless of how much such men are needed by the public, unless students have more contact with family physicians. Few medical schools appoint men to their faculties unless they are qualified for or certified by a board in their field of practice. With a board of family practice, it is unlikely medical schools would *exclude* certified family physicians from faculty appointments, especially when the public wants and needs more family physicians. Reference: "Medical Students, Family Doctors, and Family Practice," *JAMA*, May 13, 1961, Vol. 176, pp. 479-482.

7. A board would make it easier for qualified family physicians (diplomates) to secure hospital staff appointments. Certification in any area of practice makes it difficult for a hospital to exclude qualified men.

8. A board would permit family practice residency programs meeting board requirements to compete with other board-identified specialty training programs for outstanding medical school graduates. No graduate will take graduate training for two to three years unless he can get an

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officially recognized symbol which will assist him in establishing himself in any geographical area with suitable hospital appointments, possible school appointments and a suitable status relationship with other physicians in his community.

9. A board would help motivate more students toward accepting family practice as their way of life. A board of family practice would do much to *develop*, then *maintain* an active group of dedicated family physicians for the future.

10. A board would strengthen the American Academy of General Practice. Since the AAGP and the Section on General Practice would have to mutually request or sponsor a board of general practice, close cooperation between the Academy, the section and an American board of general practice would develop. An American board of general practice, using the compulsory post-graduate training principle for maintaining board membership, would bring the Academy's educational offerings to an even higher standard of quality than the Academy now enjoys. A board, by bringing more family physicians back into medical school faculties, and offering students a chance to be certified in the area of family practice, would do much to reverse the present trend away from family practice. Increased numbers of family physicians using the Academy as the "specialty society for family physicians" would make certain the continued growth and actual "life" of the Academy. Without more graduates entering family practice, the Academy will be destined to be an organization for the present era, rather than one for all time.

*Arguments Against a Board*

1. Approval by the AMA Council on Medical Education and Hospitals and the Advisory Board of Medical Specialties would be necessary before an American board of general practice would have any real strength or meaning.

To establish a board approved by the AMA and the advisory board, these bodies would re-

quire a definition of the precise area of competence to be evaluated. This would include defining the scope of general practice. This is the area in which candidates would be examined. This would obviously determine the areas in which he was certified by the board as being competent. Would surgery be included? If not, a large portion of the AAGP membership would be alienated. If it were, the chances for approval by the AMA and the advisory board would be remote. They would not approve a board examination that purported to certify a practitioner as qualified to perform surgery that was less than the examination of the American Board of Surgery. Hence, the Academy would be forced into a position of capitulation where it would be compelled to surrender a portion of what is *now* regarded as part of general practice.

2. The Council on Medical Education and Hospitals at this time does not believe that general practice is a specialty and it would therefore be difficult to establish a certifying board. If it were possible, a certifying board would automatically become a member of the Advisory Board for Medical Specialties and the policies of the board of general practice would be unduly influenced by specialists. The tendency would be to try to limit family doctors to office, home practice and preventive medicine.

3. There is available documentary evidence that board certification will not enhance the prestige of the family physician. One of the findings in a recent study on "The Status of General Practice": "An important trend for the modern family physician is that he should achieve his status and rewards more through competence and understanding than through professional segregation or authoritarian behavior."

4. It is questionable that hospital privileges would be increased. There is a probability that many general practitioners who do not qualify or choose to qualify for the board might have reduced privileges. This would tend to place

our Academy members in two groups—those who are certified and those who are not certified. This would place undue pressure on everyone to become certified. It would tend to create a wide schism within the ranks of the Academy.

5. Board certification would not enhance the possibilities or probabilities of general practitioners teaching in medical schools, unless there is a basic change in the medical school deans' concept of medical education.

6. Surveys indicate that students are not impressed with the idea of a board of general practice. In fact, if they have to spend two or three years in training, they would rather complete other specialty training programs. By a board, will we be driving more students into specialties?

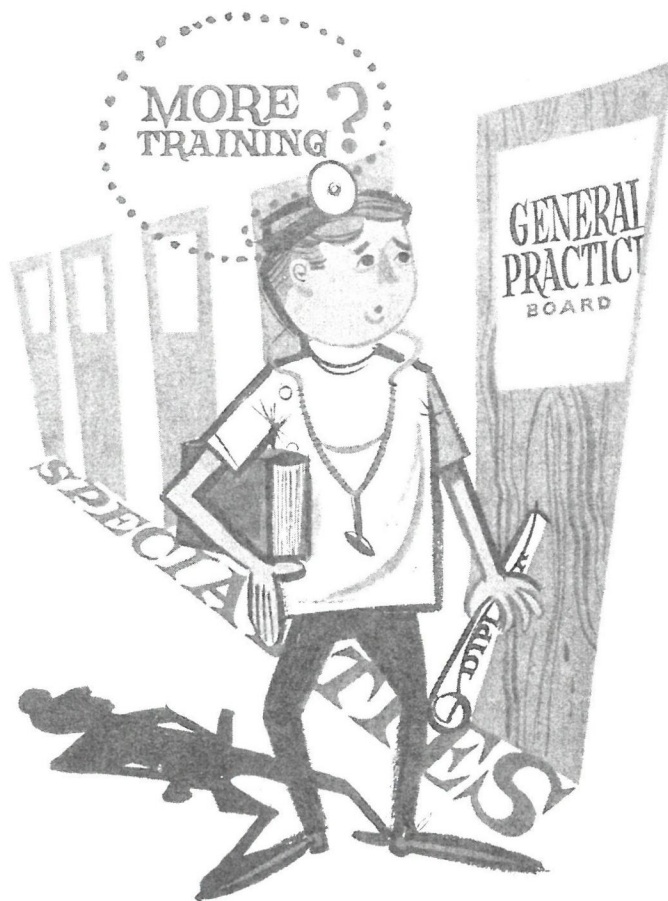
7. The administration of recertification and re-evaluation would be costly and difficult to handle. There appears to be no advantage to membership in a board of general practice over and above membership in the Academy.

8. The scope and depth of a certifying board examination would be difficult to define. It would have to include all the various disciplines including surgery, obstetrics, general medicine, pediatrics and psychiatry. There would be little value in such a board if the AMA refuses to approve a board with surgery.

9. There is no way a young general practitioner can be assured that board certification in general practice would guarantee hospital privileges.

### *The Present Status*

At the present time, a founding group of 10 family physicians have incorporated the American Board of General Practice, Inc. It has a constitution and by-laws similar in pattern to those of other boards. It defines the area of family practice and identifies the doctor of medicine engaged in family practice. It has developed an integrated, progressive, continuing



*One question seems to be: "Would a board of general practice, requiring two or three years of additional training, force even more students into one of the narrower specialty fields?"*

three-year graduate training program (eliminating the present one-year rotating internship) designed to prepare each man taking the program to be a highly qualified family doctor, and also to qualify him for certification by the board, *should he wish to apply for such certification.*

The mechanism and cost of applying for certification is established. Of interest to Academy members is the "grandfather clause." The joint executive committees have reviewed this clause carefully and have agreed on the following selection of charter members.

(1) The following members of the American Academy of General Practice may be certified as charter members without examination:

- a. Those members who have two or more years of graduate training (internship and residency) in hospitals approved by the AMA Council on Education and Hospitals.
- b. Those members who have a combined

total of 400 credit hours of continuing postgraduate training.

c. Those members associated with medical colleges either as faculty members or as preceptors acceptable to the school.

d. Those members who have served as officers, committee or commission members at national AAGP levels.

(2) The following members of the AMA, engaged in the general practice of medicine and who do *not* qualify by reason of membership in the AAGP, may be certified as charter members without examination:

a. Those members who have two or more years of graduate training (which would include internship and residency) in hospitals approved by the AMA Council on Medical Education and Hospitals.

b. Those members associated with medical colleges either as faculty members or as preceptors acceptable to the school.

c. Those members who have engaged in the general practice of medicine for a minimum of eight years and can demonstrate a record of continuing postgraduate education, acceptable to the board.

d. Those members who have served as officers, committee or commission members at national AMA levels.

The total cost of certification has been set at \$150.00. Since this board is established as a nonprofit organization, money derived from certification fees would be used to pay the costs of applicant investigation, examination and certification and all necessary administrative activity. Diplomates would be subject to recertification at intervals of six years, thus becoming the first American board to insist on repeated evidence of member competence, a pattern first required by the AAGP.

All applicants requesting certification without examination shall provide letters of recommendation from the Board of Directors of their local and state AAGP chapters, these letters to

be mailed direct to the American Board of General Practice by their authors.

The American Academy of General Practice would be the national specialty society with which diplomates of the new board would be encouraged to affiliate.

### *From This Point On*

The Executive Committee of the American Academy of General Practice urges all component chapters, state and local, to encourage widespread discussion of this issue within their areas. Use of official chapter publications is essential in order that delegates may be able to assess correctly the attitudes of their constituents at both state and national levels when this issue again comes up for Academy consideration.

The Executive Committee of the AMA Section on General Practice urges those family physicians who are not AAGP members and who may wish to express an opinion on this subject to write to the secretary of the AMA Section on General Practice.

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